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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	10559	
Facility Name:	San Gorgonio Memorial Hospital	
Address:	600 Highland Springs Avenue	
City:	Banning	
Hospital Owner/Lice	ensee: San Gorgonio Memorial Healthcare District	
Year of Rep	porting: 2010	
Contact 1 e-mail Ad	ddress:	
Contact 2 e-mail Ad	ddress:	
Contact 3 e-mail Add	ldress::	
Name of Sub	omitter: Mark Turner, CEO	
Submission	n Date: 1/13/2011 3:42:13 PM	

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Orig Bldg-OB Addition	600 Highland Springs Avenue	Retrofit	SPC2	01/01/2013	12/01/2011
05	Generator Building	600 Highland Springs Avenue	Remove	N/A	01/01/2013	03/01/2012

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01 Building Name: Orig Bldg-OB Addition-'64 Addition								
Type of Service Provided								
X Nursing	Inpatient Beds	40 Inpatient 9388 Days	X Surgical	Obstetrical Recovery				
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby				
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency				
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine				
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical Dietetic	X Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	Renal Dialysis				
X Skilled Nursing	Inpatient Beds	16 Inpatient Days 2034	X Support Services Obstetrical	X Outpatient Surgery				
		Total Beds this Building 56	Cesarean/Deliv	Central Plant				

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 05	Buildi	ng Name: Generator Building						
Type of Service Prov	Type of Service Provided							
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery				
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby				
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency				
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine				
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy				
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis				
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0 Total Beds this	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery				
		Building	Gesaleal/Deliv	X Central Plant				

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	01	Building Name:	ng Name: Orig Bldg-OB Addition-'64 Addition		
Medical / Surgical (Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 40 Bed	Inpatient 9388 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 16 Bed	Inpatient 2034 Days
Pediatric		intensive Car Nursery	e Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center	1	Int. Care / developm Disabled	ent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	56	56

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	05	Building Name:	Generator Building		
Medical / Surgical	(Include GYN)	Acute Respir	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Car Nursery	e Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Intensive Care		Rehabilitatior Center	1	Int. Care / developm Disabled	ent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Coronary Care		Chemical Dependency			Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	0	0

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Orig Bldg-OB Addition-'64 Addition	
02	O.R. Addition	X
03	Addition (1980)	$\overline{\square}$
04	O.B. Addition	$\overline{\square}$
05	Generator Building	X
	01 02 03 04	Number Name Orig Bldg-OB Addition-'64 Addition O.R. Addition Addition (1980) O.B. Addition

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List ALL proposed new buildings to be constructd at this or another site.

Building Number	Building Name	New Site
N_1	Central Plant	
N_2	ED / ICU	

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	Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)							
Building 02 Number:	Building Name:	O.R. Additi	on		ear of	20	08	
				Informa Of:	tion Current As			
Type of Services Provided								
Nursing	Inpatient Beds	0	X Surgical		tetrical arean/Deliv		Rehabilitation Therapy	
IntensiveCare	Inpatient Beds	0	X Anesthesia					
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab		tetrical overy		Renal Dialysis	
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging		rborn/ Baby	X	Outpatient Surgery	
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Eme	ergency		Central Plant	
Intermediate Care	Inpatient Beds	0	Dietetic	Nucl Med			Support Services	
Skilled Nursing	Inpatient Beds	0	Administration					
	Total Beds this Building	0						

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Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)							
Building 02 Number:	Building Name:	O.R. Additi	on		Year of Information:	20	09
				Info Of:	ormation Current As		
Type of Services Provided							
Nursing	Inpatient Beds	0	X Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	X Anesthesia				
Pediatric/Adol	Inpatient Beds	0	Clinical Lab		Obstetrical Recovery		Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical		Emergency		Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic		Nuclear Medicine		Support Services
Skilled Nursing	Inpatient Beds	0	Administration				
	Total Beds thi	s 0					

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Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)						
Building 02 Number: Type of Services	Building Name:	O.R. Addition	on	Year of Information: Information Current A Of:	2010 s	
Provided						
Nursing	Inpatient Beds	0	X Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
IntensiveCare	Inpatient Beds	0	X Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis	
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery	
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant	
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services	
Skilled Nursing	Inpatient Beds	0	Administration			
	Total Beds this	0				

Report Year: 2010 10559 San Gorgonio Memorial Hospital Banning Page:13 of 30 Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) Generator Building 2008 05 Year of Building Building Information: Number: Name: Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation Nursing 0 Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Renal Dialysis Recovery Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby **Imaging** Nursing Beds Central Plant Pharmaceutical Inpatient Obstetrical 0 **Emergency** Ante/Postprtum **Beds** Dietetic Nuclear Support Inpatient Intermediate 0 Medicine Services Care Beds Administration Skilled Nursing Inpatient 0 Beds Total Beds this 0 Building

Report Year: 2010 10559 San Gorgonio Memorial Hospital Banning Page:14 of 30 Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D) Generator Building 2009 05 Year of Building Building Information: Number: Name: Information Current As Of: Type of Services **Provided** Surgical Obstetrical Rehabilitation Nursing 0 Inpatient Cesarean/Deliv Therapy Beds Anesthesia IntensiveCare Inpatient 0 Beds Obstetrical Renal Dialysis Recovery Clinical Lab Pediatric/Adol Inpatient 0 escent Beds Outpatient Newborn/ Radiological/ **Psychiatric** Inpatient 0 Surgery WellBaby **Imaging** Nursing Beds Central Plant Pharmaceutical Inpatient Obstetrical 0 **Emergency** Ante/Postprtum **Beds** Dietetic Nuclear Support Inpatient Intermediate 0 Medicine Services Care Beds Administration Skilled Nursing Inpatient 0 Beds Total Beds this 0 Building

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Provide the number of inpaient beds and patient days per type of service for the year of 2008, 2009 and 2010 for buildings to be removed from acute care services per Section 130061(c)(2)(D)						
Building 05 Number:	Building Name:	Generator	Building	Year of Information:	2010	
				Information Current As Of:	10/22/2010	
Type of Services Provided						
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
IntensiveCare	Inpatient Beds	0	Anesthesia			
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis	
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery	
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	X Central Plant	
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services	
Skilled Nursing	Inpatient Beds Total Beds this Building	0	Administration			

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Report whether the general acute care services and beds will be relocated to a new or retrofittrd building and any corresponding building sites or project numbers per Section 130061(c)(2)(E)

Building Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building? Surgical N/A	
Building Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building? Anesthesia N/A	_
Building Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building? Obstetrical Cesarean/Deliv O.R. Addition N/A	
Building Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building? OutpatientSurgery N/A	

10559 San Gorgonio Memorial Hospital Report Year: 2010 Banning Page:17 of 30 05 **Building Name:** Generator Building Building Number: Will general acutr care services and beds will be relocated to a new or retrofittrd building? CentralPlant Relocated to new building **Bed Count RetroFitted Building Bed Count New Building** Other SPC2-SPC5 Building **Bed Count** N_1-Central Plant N_2-ED / ICU Date Plan Approved Facility Project Scope Proj. Start Proj. Completed Sub Status Number Number Num Date Date Date HL060748 03/11/2010 10559 05/23/2006 02/24/2009 12/01/2012 **OPEN** 0 PHASE 1C - ED /ICU ADDITION HL071348 07/09/2007 04/02/2009 10559 0 PHASE 1B - CENTRAL PLANT REPLACEMENT 03/12/2009 **OPEN**

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01	Building Name:	Oı	rig Bldg-OB Addition-	'64 Addi	tion			
Type of Service Provided									
			<	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
X	Nursing	D	<	Anesthesia					
	IntensiveCare	,	_			Obstetrical Recovery		Renal Dialysis	
П	Pediatric/Ado escent	, [Clinical Lab		Newborn/	Х	Outpatient Surgery	
				Radiological/ Imaging		WellBaby		Gurgery	
	Psychiatric Nursing	<u> </u>	<	Pharmaceutical		Emergency		Central Plant	
	Obstetrical Ante/Postprtu	m _	_			Nuclear	Х	Support	
				Dietetic		Medicine		Services	
	Intermediate Care	<u> </u>	<	Administration					
X	Skilled Nursin	g							

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	05	Building Name:	Generator Building								
Type of Servic	Type of Service Provided										
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy					
	Nursing		Anesthesia								
П	IntensiveCare			Obstetrical Recovery		Renal Dialysis					
	Pediatric/Ado	, [Clinical Lab	_		Outpatient					
	escent		Radiological/	Newborn/ WellBaby		Surgery					
	Psychiatric Nursing		Imaging								
			Pharmaceutical	Emergency	X	Central Plant					
	Obstetrical Ante/Postprtu	m [Dietetic	Nuclear Medicine		Support Services					
	Intermediate Care		Administration								
	Skilled Nursin	g									

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	Building Number: 01 Building Name: Orig Bldg-OB Addition-'64 Addition									
Configuration :	Remove from GAC	service by	1/1/2030							
Type of Servi	ce Provided									
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy			
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis			
	Pediatric/Adol escent		Clinical Lab		Recovery					
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery			
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency		Central Plant			
	Intermediate Care		Dietetic							
	Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services			

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	Building Number: 02 Building Name: O.R. Addition								
Configuration:	Remove from GAC	Service by	1/1/2030						
Type of Serv	ice Provided								
	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis		
	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery		
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant		
	Intermediate		Dietetic				os.mar ram		
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services		

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	: 03	Building Na	me: Addition (1980)				
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Servi	ce Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	Х	Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency	$\overline{\mathbf{x}}$	Central Plant
	Intermediate	X	Dietetic				
	Care Skilled Nursing		Administration	X	Nuclear Medicine	X	Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	Building Number: 04 Building Name: O.B. Addition								
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5						
Type of Service	e Provided								
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
In	tensiveCare		Anesthesia	X	Obstetrical		Renal Dialysis		
	ediatric/Adol scent		Clinical Lab		Recovery				
	sychiatric ursing		Radiological/ Imaging	X	Newborn/ WellBaby		Outpatient Surgery		
1/ 1	bstetrical nte/Postprtum		Pharmaceutical	П	Emergency		Central Plant		
	termediate		Dietetic						
	are killed Nursing		Administration		Nuclear Medicine		Support Services		

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numbe	r: 05	Building Na	me: Generator Buildin	g			
Configuration :	Remove from GAC	service by	1/1/2013				
Type of Service Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	Intermediate		Dietetic				25
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 02	Buildin	g Name: O.F	R. Addition						
Type of Service Prov	Type of Service Provided								
Nursing	Inpatient Beds	0	X	Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	Inpatient Beds	0	X	Anesthesia					
Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	X Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	Central Plant			
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services			
Skilled Nursing	Inpatient Beds	0		Administration					
Total Beds this Building		0							

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 03									
Type of Service Pro	Type of Service Provided								
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy				
X IntensiveCare	Inpatient Beds	6	Anesthesia						
Pediatric/Adol escent	Inpatient Beds	0	X Clinical Lab	Obstetrical Recovery	Renal Dialysis				
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	X Emergency	X Central Plant				
Intermediate Care	Inpatient Beds	0	X Dietetic	X Nuclear Medicine	X Support Services				
Skilled Nursing	Inpatient Beds	0	Administration						
Total Beds this Building		6							

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi	ing Number: 04								
Тур	Type of Service Provided								
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	X Newborn/ WellBaby	Outpatient Surgery		
X	Obstetrical Ante/Postprtum	Inpatient Beds	15		Pharmaceutical	Emergency	Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		15						

Report Status: Data Last Update: 01/13/2011 Submission Date: 01/13/2011 Print Date: 1/14/2011 8:38 AM

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	02 Build	ling Name: O.R.	Addition			
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Ne	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	
Pediatric		intensive Care New	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0	

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	03 Build	ling Name: Addi	tion (1980)		
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Perinatal (excluse Ne	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 6 Bed	Inpatient 1703 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Coronary Care		Chemical Dependency		Total Beds this Total E Building Per Buildin Unit Servic	•
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	6	0

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	04 Build	ing Name: O.B.	Addition		
Medical / Surgical (In	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Ne	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 15 Bed	Inpatient 1023 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	15	15